


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>IIZ.008D</b>		
Applicant(s): <b>Jun Kanamori</b>					
Serial No. <b>09/398,189</b>	Filing Date <b>September 17, 1999</b>	Examiner <b>S. Rao</b>	Group Art Unit <b>2814</b>		
Invention: <b>METHOD OF FABRICATING A SEMICONDUCTOR DEVICE WITH SELF-ALIGNED SILICIDE AREAS FORMED USING A SUPPLEMENTAL SILICON OVERLAYER</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0238</b></p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p></div><div style="text-align: right;"><div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: right top;">RECEIVED JUL 18 2003 TECHNOLOGY CENTER 2800</div><p>Dated: <b>July 17, 2003</b></p></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">ANDREW J. TELESZ, JR. REG. NO. 33,581</div></div><div style="margin-top: 20px;">VOLENTINE FRANCOS, P.L.L.C. 12200 SUNRISE VALLEY DRIVE, SUITE 150 RESTON, VA 20191  TEL. NO. (703) 715-0870</div></div>					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div></div>					
CC:					